

COVID-Safe Checklist

This form must be completed by all applicants submitting the Application for Hall Hire/Park Hire/Approval for Operation of a Temporary Entertainment Event to verify that the hirer is adhering to health guidelines and industry requirements relevant to the proposed activity. Requests for hire will not be considered prior to Council receiving the signed copy.

1.0 APPLICANT DETAILS

Applicant Name:

Email:

Phone:

Postal address:

Activity:

Physical address:

2.0 PRINCIPLES

Council will consider requests from hirers, providing that the principles, as required by the *Public Health Direction* issued under the *Public Health Act 2005* are adhered to.

- The hirer is aware of the public health directions and the requirements on the type of activity.
- The number of attendees must not exceed the stage of the State Government's Roadmap.
- The hirer has taken steps to ensure the space is kept clean and hygienic.
- The hirer is to ensure social distancing measures, as provided by the Public Health Direction, are adhered to.
- The hirer has taken steps to keep volunteers and participants safe.

For enquiries regarding the proposed activity, please call the Queensland Government's hotline at 134 COVID.

3.0 CHECKLIST

3.1 Community/Private Functions - You are advised to abide by QLD Road Map for easing COVID-19 restrictions YES NO

3.11 Do you agree to follow the government directions and advice in relation to COVID-19, including social distancing and good hygiene practices.

3.2 Commercial Sporting Activities - you are required to have a COVID Safe Plan YES NO
NB: Without a COVID-Safe Plan, this application will not be approved

3.21 Has the "Return to Play Readiness Checklist" been completed?

3.22 Do you have a COVID-Safe Plan available on request?

4.0 DECLARATION

I, as the applicant, declare that all responses provided herein are true and correct to the best of my knowledge and that _____ is responsible for adherence with the relevant government guidelines and the requirements of the current Public Health Direction as issued by The Chief Health Officer under the *Public Health Act 2005*. I declare that where a case of COVID-19 is discovered, Council will be immediately advised. I declare that all personal information collected herein will be securely stored and not used for any purpose other than for the purposes of adherence with the requirements of the current Public Health Direction and that all information will be securely destroyed immediately following expiry of the term applicable to such Public Health Direction.

Signature: _____

Date: _____

5.0 OFFICE USE ONLY

YES NO

YES NO

Hire Request Approved

Applicant Notified

Signature: _____

Date: _____